

CCMOW MEMBERSHIP APPLICATION

Yes! I want to help support the Meals on Wheels program for Cumberland County with my tax-deductible contribution in the amount indicated below:

I want to become a . . .

An "Appetizer" Member () \$25 - \$49, and I'll give \$_____

A "Soup" Member () \$50 - \$99, and I'll give \$_____

A "Salad" Member () \$100 - \$249, and I'll give \$_____

An "Entrée" Member () \$250 - \$499, and I'll give \$_____

A "Dessert" Member () \$500 - \$999, and I'll give \$_____

A "Banquet" Member () \$1,000 & up, and I'll give \$

No, I don't want to become a member, I'd just like to be a CCMOW Contributor (\$1 - \$24), and I'd like to give \$ _____

I'd like to make my gift:

Right Now () Monthly () Quarterly () Semi-annually ()

Given now \$_____ () Cash () Check Amount due \$_____

Please make check payable to CCMOW: mail to P.O. Box 365, Cumberland, VA 23040

You may use my name in a contributor/member category in publicizing CCMOW's membership campaign: () Yes () No

Please Print:

Name _____

Address 1

Address 2

City	State	ZIP
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Phone* () E-mail*

Affiliation

** Neither your phone number nor your E-mail address will ever be made public, rented, or sold.*

MOW contact:

(CCMOW Use Only) ↓ ↓ ↓

Date: _____

This tax-deductible contribution by () cash () check** has been

Received from	\$
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By: